



A Case for the Community Self Survey

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The Joint Commission on Mental Illness and Health presents some of its guiding concepts and a broad view of its activities. It encourages communities to study mental health problems in their own areas and to assess local resources available to cope with them.

MANY agencies have become increasingly concerned about the status of the mental health of our people and of the facilities for meeting the difficulties they seem to develop in today's society. In addition, the people of the Nation themselves have a manifest desire to do something about the mental health problem. As a result of these pressures, approximately 34 organizations joined to form a nonprofit, research and educational group called the Joint Commission on Mental Illness and Health. Funds supporting the operations of the commission were authorized by the Mental Health Act of 1955, under which specified allocations are made out of the budget of the National

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The goal of the joint commission is to develop an up-to-date estimate of the extent of the mental health problems in the Nation and to assay the facilities available for detection, treatment, and rehabilitation of the mentally ill. A further aim is to study the resources of the Nation for mental health promotion and prevention of mental illness.

Concepts and Projects

The commission resolved that the concepts of mental illness and mental health should be broad, not confined entirely to the concern of professional people who deal with formal resources for mental illness and health.

To approach such a vast project in an orderly manner required careful planning of the study based on concepts founded in current knowledge. Basically, the human being is a biological entity with his own peculiar physical and psychological structure, living in a world full of other persons and resultant social pressures. To understand this citizen we need to study:

- Intra-individual or personality factors based in biology and involving perception of reality, the extent of personality integration, and the degree of satisfaction from the individual's basic drives.

- His social behavior in certain key roles, such as his relationship to his family, work, community, and his education.

It is recognized that the mental health of the particular person in relation to these discussions might be rated differently by himself, his associates, and by the professional mental health people with whom he might come in contact.

We decided to consider the things that make people ill, and those that keep them well and make them better than average. Ideally, such a study would encompass a detailed biological, psychological, and sociological study of each individual as a person and in relation to his family and peer groups. The study would further include the relation of these groups one to another, and the effect of the groups on the individual in his experience of living.

Since such a study is not feasible within the finances and time of the commission, perhaps not within the lifetime of a single individual, certain compromises and hypotheses were necessary in order to trim the task to workable size. In the first place, we hypothesized that the majority of individuals living in this world express some phases of their biological and psychological vigor in their behavior in, and effect upon, certain significant social institutions.

We customarily say that these social institutions have a significant effect on an individual. Each person is modified somewhat in his own makeup and in his reaction to others by the active presence of the others. A person in exuberant mental health often expresses this in ways that are observable through the significant social institutions; for example, by achievement in school, by adjustment to his family, by success in his job, and his support of community agencies that aid persons less fortunate. The ill person or one who is troubled from a physical, psychological, or social point of view frequently turns to similar institutions for help, or within such groups displays the symptoms of stress. Therefore we thought it logical to make studies of as many significant social institutions as time and money permitted.

Accordingly, we have set up studies of the schools and their relation to well children, to mental health promotion, and to support of

troubled or ill children. These schools are to be studied not only in relation to the effect on the children, but also the effect of the community on the school and vice versa. Obviously, such studies include school administration and faculties.

The hospitals and clinical services to which ill persons or those in trouble turn are also the subject of study. The role of private practitioners, of health clinics, and of similar agencies will be a part of these studies, as will those agencies devoting themselves to treatment and rehabilitation of the mentally ill.

The nonmedical community resources such as family service societies that aid persons under stress are the object of another category of studies. We are also interested in agencies trying to promote mental health or foster ego growth. Among these are the schools, recreational agencies, community betterment agencies, and others that may influence positively the living conditions in a community.

At present, five studies of the significant social institutions with which people interact are under way. As a further check on our concepts and in the belief that some individuals when troubled find strength within themselves or seek help from informal or unorganized community resources, a nationwide sampling survey is being made to determine the extent of worry, concern, and tension under which people live, the source of these stresses, insofar as it is possible to determine in a sampling survey interview, and the sources of relief or support these people find, either within themselves or within their community. This should give us some information on the prevalence and nature of people with problems in the Nation, and the extent to which they seek relief from organized resources, and from informal and as yet incompletely understood resources.

In addition, the Nation's resources of a more basic sort are being studied. These studies encompass research activities in the field of mental health, the nature and basis of this research, and the staffing of research units and their support. The manpower problems, the numbers of professional people available, and the efficiency of their use will be examined. From this may come realistic assessment of the

needs for the various categories of trained people. Then there is the difficult question of where to recruit them.

Community Studies

It is obvious that a nationwide sampling survey will give data relevant to the Nation as a whole but not to any particular community. Yet data for particular communities are urgently needed.

To attain a true concept of the national problem we need enough detailed community studies to be able to make comparisons between various geographic, socioeconomic, and cultural areas of the country. We know, however, that the professional resources available to work with mental health problems are woefully inadequate and that research has not yet turned up sufficiently firm data to enable us to publish booklets telling a community how and what it should do to solve all of its mental health problems. In fact, the mental health problems of communities have not been clearly delineated. One suspects that often a community believes that all its misery, grief, and economic problems would somehow be magically solved if it had adequate mental health services.

I believe that effective mental health services, either for health promotion or for prevention and treatment, should be at the community level. The nearer they are to the source of the symptoms, the individual, and the group within which he lives, the more effective they may be. Also individual differences in communities would modify the best plan of attack for handling such problems in any particular area.

For these reasons, then—the need for detailed local data for comparative purposes on a nationwide scale and the community's need for local data for intelligent planning of health promotion and treatment and rehabilitation services—it is desirable that we have surveys or studies of as many individual communities as possible in a wide variety of areas in the Nation.

A single study team to make a series of such studies might be ideal in terms of providing comparable data. But unfortunately, by the

time a team could complete all the studies, social changes in the first area of study would have taken place, and the comparisons would no longer be valid. A more workable substitute would be simultaneous studies by many communities. Data from simultaneous studies will be comparable if the communities each use the same blueprint for the study and thus examine corresponding agencies and factors; and if the studies are conducted by professionally competent persons in each instance.

The joint commission at present lacks funds to finance community studies of this type, although it is prepared to act as consultants to local groups. In any case, the studies will be better accepted and more effective in bringing about productive changes in the community if they are financed and carried out locally.

The commission will aid a community in planning the preliminary community meetings necessary to create interest in the study and to get the cooperation of local community services, agencies, and citizens. It will help select and recruit the trained professional staff necessary to carry on such a study, probably the most difficult phase in preparation of the study, and will advise in setting up the study plan so that the results may be comparable with those in other communities.

A study design might be built around the following major areas:

- The nature and extent of the community's mental health problem. This would take into account not only the mentally ill, those under treatment in hospitals, clinics, or private practitioners' offices, but also the juvenile delinquent, and the alcoholic, the improvident, and otherwise maladjusted person.

- The community's agencies as resources for dealing with such problems. Some assessment should be made as to whether or not these resources are adequate in support and staffing or whether they function according to a poorly organized, ineffective, or repetitious pattern.

- The community's resources and activities for mental health promotion and for the prevention of mental disease. These encompass not only health agencies, but also those tending to build resilience of character and the ability to stand the inevitable stresses and buffets of life.

- The effectiveness of the various social and professional agencies and the relation that degree of effectiveness bears to the particular socioeconomic and cultural features of a community.

- Drafting proposals for the next steps based on data obtained in the first four studies and formulating long-range goals in each community.

Such a scheme can be accomplished with cooperation, work, and money.

The time and cost of the study would vary with the size of the community, its complexity, and the nature of its problems. In a smaller community in which the formal part of the study would be completed in 1 year, the cost would probably range from only about a few thousand dollars in the smallest communities to

50 or 60 thousand dollars in the larger ones. In some communities these sums equal the amount appropriated for the family service society or for the child guidance clinic; they are small, however, when compared with the total cost of mental illness to any community or with money wasted through creating services without an overall concept or plan of the services needed to solve these problems in a particular community.

We will never have a complete concept of the mental health processes of the Nation, nor will we have a sound platform with which to launch reconstructive services, without this community participation and involvement. We hope many of you can initiate such studies in your own areas.

Mental Health Education

Anxious and impulse-ridden America needs not so much the treatment of diagnosed cases as the prophylaxis of mass suffering by public health methods.

A population suffering chronically from modern technology and its byproducts and from a tendency to let infantile emotional values dominate the traditional values of mature thought requires instruction in secondary schools and colleges by personnel specially trained in mental hygiene. Recommended in lieu of the past practice of case finding and treatment in the schools are courses in the management of tensions that disrupt social life.

Train children so that they will grow to be understanding husbands, wives, and parents, who will cooperate with one another in the mutual management of family emotional problems . . . so that America will assume leadership of human international understanding.

—JULES HENRY, Ph.D., *professor of anthropology, Washington University, St. Louis, addressing the 1957 National Health Forum.*